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P.1/6



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FAX COVER SHEET

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|--|---|
| TO: ISSUE FEE PAYMENT U.S. P.T.O. | From: Christopher Novak Intellectual Property Counsel |
| Tel. N/A | Tele: 408-360-1576 |
| Fax: 571-273-2885 | Date: December 16 2005 |
| Sheets: Cover + 5 | |
| RE: <u>Issue Fee Payment; App. S/N 09/865,258 Filed 05/25/2001</u> <u>First Named Inventor: Matthew Ornes, Attorney Docket # ZCOM.003US0,</u> <u>IDT File # 1958</u> | |

Message:

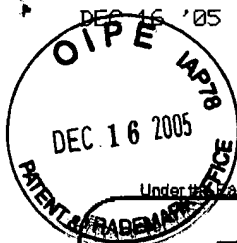
Please find attached:

- 1. Part B-Issue Fee Transmittal + Duplicate**
- 2. Change of Correspondence**
- 3. "Fee Address" Indication Form**
- 4. Transmittal Form**

Thank you.

Christopher Novak
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PTO/SB/21 (08-03)

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| | | |
|---|------------------------|-----------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 09/885,258 |
| | Filing Date | 05/23/2001 |
| | First Named Inventor | Matthew D. Oras |
| | Art Unit | 2851 |
| | Examiner Name | Bob A. Phunkuh |
| Total Number of Pages in This Submission | Attorney Docket Number | ZCOM.003US0 |

| ENCLOSURES (Check all that apply) | | |
|---|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.62 or 1.63 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input checked="" type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): "FEE ADDRESS" INDICATION FORM |
| Remarks | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | |
|-------------------------|------------------------------------|
| Firm or Individual name | CHRISTOPHER NOVAK, REG. NO. 42,041 |
| Signature | <i>Christopher Novak</i> |
| Date | 16-DEC-2005 |

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| Typed or printed name | JULIE BLYTHE CHRISTOPHER NOVAK, | |
| Signature | <i>Christopher Novak</i> | Date 16-DEC-2005 |

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